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MARGIN RESERVED FOR BINDING

PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 31
County Registrar's - No.
Local Registrar's - No.

PLACE OF DEATH

1. County Cochise
District
Town or City Willcox No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME John Chrisphter Allen

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E. allen

6. DATE OF BIRTH (month, day and year) 6/19/1855

7. AGE Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
70	5	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Blacksmith
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Tenn.

PARENTS

10. NAME OF FATHER John Christepher
11. BIRTHPLACE OF FATHER Unknown (city or town) (State or country)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER Unknown (city or town) (State or country)

14. Informant William Allen
(Address) Arivipa Arizona

15. Filed 1/23, 1926 Dr B E Brisbane
Local Registrar.
Filed ..., 19
County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 1/13 1926

17. I HEREBY CERTIFY, That I attended deceased from 1/1-26, 19 to 1/13, 1926
that I last saw him alive on 1/13, 1926
and that death occurred, on the date stated above, at 4 P.m.
The CAUSE OF DEATH* was as follows:
Chronic Bright Dean.

(duration) yrs. 8 mos. — ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Urinalysis
(Signed) Dr B E Brisbane, M. D.
19 (Address) Willcox Ariz

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~	DATE OF BURIAL
Willcox Ariz	Dec - 14 1926
20. UNDERTAKER	ADDRESS
Frank W Pottenger	Willcox Ariz